



*Montana State
Reading Conference
Hats off to Literacy*

October 19-20, 2006

*Best Western Heritage Inn
1700 Fox Farm Rd.
Great Falls, Montana 59404
(406) 761-1900*

MSRC Use only
Day:___ Time:_____
Room:_____

Presentation Proposal

Thank you for your interest in the Montana State Reading Council's annual conference. We invite proposals on a variety of literacy topics; see our featured strands below. In order to provide a balanced program for our conference attendees, we regret that we cannot accept all proposals. The MSRC Conference Committee appreciates your time in submitting a proposal.

Names(s):_____
Affiliation/Organization:_____
Address:_____
City:_____ State:_____ Zip:_____
E-mail:_____ Fax:_____

Title of Presentation:_____

Presentation Summary (50 words or less):

Brief description of your background:

Conference Strands –check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Early Literacy (K-2) | <input type="checkbox"/> Educational Research |
| <input type="checkbox"/> Intermediate Literacy (3-6) | <input type="checkbox"/> Reading Strategies |
| <input type="checkbox"/> Middle-Adolescent Literacy (5-12) | <input type="checkbox"/> Technology & Software |
| <input type="checkbox"/> Author/Writing | <input type="checkbox"/> Using Literature |

Please indicate the Montana Content and Performance Standard(s) and Benchmarks(s) your presentation will address. (See enclosed sheet).

Standard(s):_____ Benchmark(s):_____

Grade Level(s):

☐ Pre-K ☐ Grades 1-2 ☐ Grades 3-5 ☐ Grades 6-8 ☐ Grades 9-12 ☐ Special Needs

Type of Meeting: ☐ 1 hour session ☐ 2 hour institute

Audience Size: ☐ Less than 50 ☐ 50-75 ☐ 75-100 ☐ 100+

Are you willing to repeat your session? ☐ Yes ☐ No

In appreciation of presenters' time and efforts, MSRC has determined that those who wish to obtain OPI Renewal Credits will receive double credit hours for the session/institute they are presenting.

NOTE: MSRC will provide an overhead projector and screen; ALL other AV equipment and handouts are the responsibility of the presenter.

I understand that MSRC will provide a room with an overhead projector. I agree to provide my own handouts and any additional equipment.

Signature:_____ Date:_____

Return this signed, completed form by August 1, 2006 to:

Michele Paine
784 Sylvan Drive
Bigfork, MT 59911

Phone: (406) 837-0301
email: painem@sd5.k12.mt.us